



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: MAJOR HOSPITAL

City of Hospital: SHELBYVILLE

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-0097

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$62949629
Outpatient Patient Service Revenue	\$165498730
Total Gross Patient Service Revenue	\$228448359

2. Deductions From Revenue

Contractual Allowance	\$122242260
Other Deductions	\$5980905
Total Deductions	\$128223165

3. Total Operating Revenue

Net Patient Service Revenue	\$100225193
Other Operating Revenue	\$3710185
Total Operating Revenue	\$103935378

4. Operating Expenses

Salaries and Wages	\$32562392	Employee Benefits	\$9743074
Depreciation and Amortization	\$4278788	Interest Expense	\$780530
Bad Debt	\$10505053	Other Expenses	\$33198123
Total Operating Expenses	\$91067960		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$12867417	Total Assets	\$125766321
Net Non-operating Gains over Loss	\$3317343	Total Liabilities	\$40924944
Total Net Gains	\$16184760		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$94714248	\$59147619	\$35566629
Medicaid	\$34609053	\$17649877	\$16959176
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$99125082	\$45444766	\$53680316
Total	\$228448383	\$122242262	\$106206121

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$40594	\$-40594

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$14333	\$222593	\$-208260

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	4603
Number of Citizens Exposed to Health Education Messages	50000

Statement Six: Charity Statement

Hospital Charity Charges	\$5980905
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2040485	
HCI Payments	\$0		
Subtotal	\$0	\$2040485	\$-2040485
Medicaid Shortfalls	\$11302289	\$16949380	
Subtotal	\$11302289	\$18989865	\$-7687576
DSH Payments	\$2,274,440		
Subtotal	\$13576729	\$18989865	\$-5413136
Medicare Shortfalls	\$23923242	\$32827130	
Other Government Programs	\$1204416	\$1890656	
Total	\$38704387	\$53707651	\$-15003264

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1243129	\$-1243129
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0